

**SOUTH DAKOTA BOARD OF NURSING
EMPLOYER WORK PERFORMANCE EVALUATION**

Reporting Period From		To	
Licensee Name	RN <input type="checkbox"/> LPN <input type="checkbox"/>	License #	
Employing Facility	Telephone		
Address	City		
State	Zip		
Date of Initial Employment			
POSITION	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> PRN Unit _____
	<input type="checkbox"/> Staff Nurse	<input type="checkbox"/> Charge Nurse	Shift _____
ATTENDANCE Number of hours practiced since last reporting period _____ Number of days absent since last reporting period _____ Number of days tardy since last reporting period _____ Explain reasons for absences and/or tardies:			

PLEASE ANSWER THE FOLLOWING QUESTIONS AND EXPLAIN WHERE APPROPRIATE

Has there been a change in position or responsibilities since the last reporting period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
To the best of your knowledge, do you believe the employee is maintaining abstinence from all mood altering chemicals, including alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
To the best of your knowledge, do you believe the employee is fully adhering to your facility's rules, policies, procedures, and duties as outlined in his/her job description?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
COMMENTS AND EXPLANATIONS		

EVALUATION OF LICENSEE

S – SATISFACTORY

U – UNSATISFACTORY

FACTORS	S (√)	U (√)	COMMENTS
Adherence to Facility Policies and Procedures			
Assessment Skills			
Attendance/Punctuality			
Communication Skills			
Cooperation/Attitude			
Documentation Skills			
General Appearance			
Medication Administration			
Quality of Patient Care			
Supervision/Delegation			
Work Relationship with Coworkers			
Overall Performance			

MEDICATION ADMINISTRATION

IF THE NURSE ADMINISTERS CONTROLLED SUBSTANCES, ANSWER THE FOLLOWING QUESTIONS AND EXPLAIN WHERE APPROPRIATE

(1) Is the number of controlled substances administered by this individual consistent with the usual number dispensed by the general staff group in this area of practice?		
(2) Have there been reports from patients that pain control medication has been ineffective?		
(3) Does medication documentation meet the standards of quality assurance of the facility?		
(4) Have there been discrepancies in the controlled substances counting records in work areas to which this individual has been assigned?		
If yes to #4, have these discrepancies occurred during the same shifts as the individual's duty hours?		
COMMENTS AND EXPLANATIONS		
Signature of Supervising Nurse		Title
Telephone Number		Date